



Section: Remittance Advice

7.4 Paid/Denied Claims

The following section is designed to help you understand the Paid/Denied section of the RA.

Understanding Paid/Denied Claims

Paid claims are line items passing adjudication that are acceptable for payment. They may be paid as submitted or at reduced amounts according to Medicaid program's reimbursement methodology. Reductions in payments such as fee reduction or patient responsibility will be noted in the claim header information and the line item information.

Denied claims represent services which have been through adjudication that are unacceptable for payment. Claim denial may occur if the fiscal agent cannot validate claim information, if the billed service is not a program benefit, or if a line item fails the edit/audit process. **Denied claims may be reconsidered for payment if the provider submits corrected or additional claim information to the fiscal agent for further processing.** A service may be reconsidered for payment if errors were made in submitting or processing the original claim.

Field	Field Name	RA Field Description
Claim Header Information for Paid/Denied Claims		
1	Beneficiary Name	Patient name
2	Medicaid ID	Medicaid beneficiary's ID for this patient
3	Transaction Control Number	(TCN) This number uniquely identifies the claim.
4	Patient Account Number	Patient Account Number
5	Medical Record Number	The number assigned by a health care provider to a beneficiary or a claim for reference purposes. This number is printed on the RA to assist providers in identifying the patient for whom the service was rendered.
6	Dates of Service	First and last dates of service for this claim
7	Type of Bill	Depending on the type of claim submitted, the code will either be the Facility Type Code or Place of Service Code.
8	Servicing Provider	The Medicaid ID number of the healthcare provider who rendered the service
9	Servicing Provider Name	Name of the healthcare provider who rendered the service
10	Submitted Amount	Total charges submitted for this TCN
11	Fee Reduction Amount	The difference between the submitted amount and the paid amount
12	Patient Responsible Amount	Amount payable by the patient
13	Total Paid Amount	Total amount paid on this TCN. (For balancing purposes, this amount should equal submitted charges minus adjustments.)

Field	Field Name	RA Field Description
Claim Header Information for Paid/Denied Claims		
14	Claim Status	Claim Status (Paid – Denied – Suspended)
Claim Line Item Information for Paid/Denied Claims		
15	Item Number	The line item number on the claim
16	Procedure Code	The line item procedure code, if applicable
17	Type/Description	The type of code listed in the procedure code field
18	M1, M2, M3, M4	The procedure code modifiers
19	Revenue Code	The line item revenue code, if applicable
20	Tooth Code	Tooth number or quadrant (applies to dental providers only)
21	Servicing Provider ID	The line item servicing provider ID
22	Provider Control Number	The line item control number submitted in the 837, which is utilized by the provider for tracking purposes.
23	Dates of Service	First and last dates of service for this line item
24	Units	Number of units
25	Submitted Amount	Submitted amount for this line item

Field	Field Name	RA Field Description
Claim Header Information for Paid/Denied Claims		
26	Fee Reduction Amount	The difference between the submitted amount and the paid amount
27	Paid Amount	Amount paid for this line item
28	Status	The line item status
29	Exception Codes	The line item exception codes
30	DRG Code	(Not currently used)
31	DRG Weight	(Not currently used)

Mississippi Medicaid Provider Billing Handbook

Header Information for Paid/Denied Claims

DATE: 01/14/08
 PROVIDER NO: 00099999
 REMITTANCE: 00000065
 NPI NUMBER: 1234567890

MISSISSIPPI ENVISION MMIS
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 REMITTANCE ADVICE
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 REMIT SEQ: 00000996

VISION AND HEARING

(1) BENEFICIARY NAME	(2) MEDICAID ID	(3) TCN	(4) PAT ACCT NUM	(5) MED REC NO	(6) DATES OF SERVICE	(7) TOB	(8) SVC PVDR	(9) SERVICE PROVIDER NAME	(10) SUBMITTED AMT	(11) FEE REDUCTION AMT	(12) PAT RESP AMT	(13) TOT PAID AMT	(14) STATUS
(15) LINE	(16) PROC	(17) TYPE/DESC	(18) M1 M2 M3 M4	(19) REVCD	(20) THCD	(21) SVC PROV	(22) PROV CONTROL NO	(23) DATES OF SERVICE	(24) LINE UNITS	(25) LN SUBM AMOUNT	(26) LN FEE REDUCT AMT	(27) LN PAID AMOUNT	(28) LN STATUS
JOHN A BENEFICIARY	00000995588771	08000000360109867	59A92		01/15/08-01/15/08	11	00011111	CHARLES Q PROVIDER	181.23	9.06	.00	172.17	PAID
1	99204	HC/HCPSCS/CPT CODE			01/15/08-01/15/08	1.00		114.09	5.70	108.39	PAID		
2	V2020	HC/HCPSCS/CPT CODE			01/15/08-01/15/08	1.00		36.00	1.80	34.20	PAID		
3	V2100	HC/HCPSCS/CPT CODE			01/15/08-01/15/08	1.00		19.49	.97	18.52	PAID		
4	92340	HC/HCPSCS/CPT CODE											
JIM Q BENEFICIARY	00000994488775	08000000000920007	59J19		01/16/08-01/16/08	11	00011111	CHARLES Q PROVIDER	161.28	11.74	3.00	149.54	PAID
1	92014	HC/HCPSCS/CPT CODE			01/16/08-01/16/08	1.00		76.28	6.81	69.47	PAID		
2	92015	HC/HCPSCS/CPT CODE			01/16/08-01/16/08	1.00		25.00	1.25	23.75	PAID		
3	2021F	HC/HCPSCS/CPT CODE			01/16/08-01/16/08	1.00		0.00	.00	.00	DENY		
(29) EXCEPTION CODES: 0132 0439													

Line Item Information
 for
 Paid/Denied Claims

